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Bib Data Sheet

CONFIRMATION NO. 1454

<b>SERIAL NUMBER</b> 09/845,046	<b>FILING DATE</b> 04/26/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2181 3626	<b>ATTORNEY DOCKET NO.</b> PET-01C
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLICATION IS A CIP OF 09/753,910 01/02/2001 *ok LN 8-30-05*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none LN 8-30-05*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY \*\***  
\*\* 06/26/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 5
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35 USC 119 (a-d) conditions met  
Verified and Acknowledged  
Examiner's Signature: *Sena Rajan* Initials: *LN*

**ADDRESS**  
2249

**TITLE**  
Systems and methods for tracking administration of medical products

<b>FILING FEE RECEIVED</b> 654	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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